

**AUTHORIZATION AGREEMENT FOR
ELECTRONIC FUNDS TRANSFER (EFT)**STATE OF CALIFORNIA
BOARD OF EQUALIZATION*Please Check Appropriate Boxes:*

- ☐ New EFT account
- ☐ Change EFT reporting method
- ☐ Change bank account
- ☐ Change contact name or phone number

See reverse for instructions.

*(Type or Print in Ink)***SECTION I**

TAXPAYER NAME	ACCOUNT NUMBER
DBA	BUSINESS PHONE NUMBER () —
CONTACT PERSON	CONTACT PHONE NUMBER () —

*Complete Section II or III below:***SECTION II**☐ **ACH Debit**

The State Board of Equalization is hereby authorized to initiate debit entries to the bank account identified below and the bank is authorized to debit such account. This authority is to remain in full force until EFT payments are no longer required by statute or, if I am a voluntary participant, until the State Board of Equalization and I mutually agree to terminate my participation in the EFT program.

BANK NAME		Method of Communication: (check one) <input type="checkbox"/> Telephone <input type="checkbox"/> Personal Computer <input type="checkbox"/> Terminal <input type="checkbox"/> Mainframe Communication	
BANK ACCOUNT NUMBER <i>(not to exceed 17 digits)</i>			
TRANSIT AND ROUTING NUMBER:			
TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
SIGNATURE		TITLE	DATE

IMPORTANT: *If you have selected the ACH Debit option, you must attach a voided check for the account to be debited. Your voided check will verify bank account, transit and routing numbers. If you are unable to provide a voided check, a bank specification sheet may be used instead of the voided check.*

SECTION III☐ **ACH Credit**

The State Board of Equalization is hereby requested to grant authority for the above-named taxpayer to initiate ACH credit transactions to the State Board of Equalization's bank account. These payments must be in the NACHA CCD+ format using the Tax Payment Convention (TXP) and may only be initiated for the EFT tax payments to the State Board of Equalization provided for by statute.

SIGNATURE	TITLE	DATE
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Return to: Board of Equalization, Attn. EFT Group, P.O. Box 942879, Sacramento, CA 94279-0035

For EFT assistance call (916) 327-4229

Make a copy for your records.

Instructions for Completing the EFT Authorization Form

General

Please type or print clearly. Return to the State Board of Equalization within ten days from the date received. Make a copy for your records.

Section I

Complete all blocks in this section. Your account number is required (e.g., 30-123456).

Sections II and III

COMPLETE ONE OF THESE SECTIONS, **NOT** BOTH.

Complete Section II if you select ACH Debit, Section III if you select ACH Credit. After making your decision, please check the appropriate box and complete every block of information for the method selected.

If the ACH Debit method is chosen, a voided check must be attached to the completed authorization agreement. Your voided check will verify bank account and transit routing numbers.

The example of a voided check, shown below, indicates where to locate the transit routing number for your bank and your bank account number. Remember to mark the word "void" across the face of the check that you return with the authorization agreement.

The diagram shows a voided check with the following fields and callouts:

- 1** Routing Transit Number (requires 9 digits): Located at the top right, above the address, with the number 1044 shown.
- 2** Bank Account Number (not to exceed 17 digits): Located in the middle right, next to the dollar sign, with the number XXX.XX shown.
- 3** Check Number: Located at the bottom right, next to the check number field, with the number 1044 shown.

The check also includes the following text:

- ABC BUSINESS
1234 Park Avenue
Anytown, CA
- PAY TO THE ORDER OF _____ \$
- Anywhere Bank
U.S.A.
MEMO _____
- Not Negotiable
- 1 3 3 4 0 4 5 6 7 1 2 3 4 5 6 1 3 0 4 1 1 1 1 0 4 4

- 1 Routing Transit Number
(requires 9 digits)
- 2 Bank Account Number
(not to exceed 17 digits)
- 3 Check Number

Important Information

1. Participation in the Electronic Funds Transfer program shall be for a minimum of one year.
2. You will receive a confirmation letter from the State Board of Equalization after approval of this agreement. The confirmation letter will include your electronic funds transfer start date. No electronic funds transfer payments should be attempted before this start date. All sales and use tax return payments due subsequent to this start date must be made through electronic funds transfer.
3. You must make a written request to be removed from the Electronic Funds Transfer program. For the request to be approved, you must have participated in the program for a minimum of one year and your average monthly tax, over a twelve month period, must be less than \$20,000.
4. You will receive a confirmation notice from the State Board of Equalization identifying your ending date for EFT (unless you also close out your account) or the change date if you request to be moved from one ACH payment method to another. You must continue making your tax return payments through electronic funds transfer, through the ACH payment method in use at the time of your request, until you receive a confirmation letter from the Board confirming the new payment method and the effective date of the change.